4-28-2005 3:25PM FROM JAMES_EWART 9545668595

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May 03, 2005 8:00 am
Secretary of State
05-03-2005 90136 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000011074

1. Entity Name
A-1 SUNSHINE ROOFING, INC.

Principal Place of Business
6516 NW 20 STREET
SUNRISE, FL 33313

Mailing Address
10690 NW 27 CT
SUNRISE, FL 33322

50046745

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6516 NW 20 STREET	10690 NW 27 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL.	City & State: SUNRISE FL.
Zip: 33313 Country: BROWARD	Zip: 33322 Country: BROWARD

4. FEI Number: 65-1115536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POICHA, STEVE
10690 NW 27 ~~STREET~~ CT.
SUNRISE, FL 33322

7. Name and Address of New Registered Agent
Name: STEVE POLCHA
Street Address (P.O. Box Number is Not Acceptable): 10690 NW 27 COURT
City: SUNRISE FL Zip Code: 33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] STEVE POLCHA 4/28/05
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT POLCHA, STEVE 10690 NW 27TH COURT SUNRISE, FL 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STEVE POLCHA 10690 NW 27 COURT SUNRISE FL. 33322 ☐ Change ☒ Addition
TITLE: PARTNER / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM ECKHARDT 11411 NW 32 PL. SUNRISE, FL. 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PARTNER V.P. WILLIAM ECKHARDT 11411 NW 32 PLACE SUNRISE FL. 33322 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] STEVE POLCHA 4/28/05 954 748-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #